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### BOOK REVIEWS

ESSAYS ON CHRONIC AND FAMILIAL SYPHILIS. By Griffith Evans, M.A., D.M.(Oxon.), F.R.C.S., Hon. Surgeon Caernarvonshire and Anglesey Infirmary. Pp. 91. 13 Illustrations on 10 Plates. John Wright & Sons Ltd., Bristol, 1934.

THE great value of this book is that it seeks to direct attention to what is known as latent or endo-syphilis—a syphilis which presents no pathognomonic signs and which may exist in the absence of a positive serology. This is a most important aspect of the subject, and one which is consistently neglected by those—and they still survive—who consider that syphilis only exists in stages such as “primary,” “secondary,” and so forth. If this little book is successful in showing to even one or two, that syphilis is from the very beginning a visceral disease, it will have performed a useful function.

It cannot be too strongly emphasised that in the modern therapy of syphilis, the effect of the first two or three weeks of treatment is inevitably to reinforce the already present visceral involvement. After the first few weeks of treatment have caused the disappearance of the superficial signs of early syphilis, there still remains the hidden asymptomatic, visceral syphilis to be eradicated; and it is to this end that the remainder of the Course must be directed. And it is just here that Stokes is so essentially right when he insists that the treatment of early syphilis must be according to a standard schedule and not according to the clinical and serological individual picture. There are therapeutic schedules—several of them—which will secure a cure-rate of 100 per cent. in early male syphilis. The adoption of any such is the only thing to prevent the chronic syphilis to which the author of this book refers.

To many, the views of Dr. Evans will seem the rankest heresy. Those are they who cannot bring themselves to diagnose syphilis unless either the serology is positive, or the parasites are found, or gross lesions are present. They act only on direct evidence, quite forgetting that evidence of the circumstantial type has, if anything, a higher value. In Dr. Evans's book the circumstantial evidence upon which his opinions are based is clearly set forth, and the results of acting upon that evidence seem to establish its validity.

There are one or two inaccuracies to be noted: on page 9, “Astruc” is rendered as “Anstruc.” On the same page it is stated that three hundred years after the pandemic in the fifteenth century, later nervous symptoms were first described and that meningitis was first noted by Lallemand in 1834. The facts are that syphilitic hemiplegia was described in 1497 by Leonicens, while Grunbeck reported paralysis in 1503. Meningitis was described by Paracelsus in 1530, and about 1560 Botallo noted the occurrence of blindness due to cerebral syphilis. G.P.I. was first pictured in 1610 by Scholtzius. In 1834 Lallemand

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certainly showed post-mortem the lesions in meningeal and parenchymatous syphilis.

E. T. B.

**GONOCOCCAL INFECTION :** Recent Advances in Pathology, Diagnosis and Treatment. Robert V. Storer, M.R.C.S.(Eng.), L.R.C.P. (Lond.), author "Sex in Modern Life," "Sexual Disease," etc. With Foreword by Kenneth M. Walker, M.A., F.R.C.S., Hunterian Professor, Royal College of Surgeons, Lecturer in Venereal Diseases to St. Bartholomew's Hospital, London. Pp. 91. 7s. 6d. London : John Bale, Sons and Danielsson Ltd.

VENEREALOGISTS will agree with the writer of the Foreword to this book that its subject is a difficult one for any writer to tackle. They would perhaps add that, after all, the infection is a difficult one for anyone to tackle, and so difficult that, were it not so common, none but the devoted specialist should do so. With most of Storer's contentions there will be general agreement. What are advances, and if advances, recent ones, is perhaps disputable ; it is indisputable, however, that the study of gonorrhœa during the last twenty years has brought the advance of not doing some things—torture of mucous membrane by instrument and strong antiseptic is now in definite disfavour.

Dr. Storer postulates a symbiosis of the gonococcus and the human tissue, and the necessity of disturbing this symbiosis in order to effect cure. Certain silver salts, notably neo-reargon, he declares, will disrupt the symbiosis. Moreover, he found that, in examining the urethra with the urethroscope in cases of subacute urethritis where methylene blue injections had been previously made, the infected follicles were strained throughout their depth, while the healthy mucous membrane remained pink and lustrous. Methylene blue should therefore be used as an injection, alternately with the differently acting silver salt, each preceded by warm Pot. Permang. irrigation of the anterior urethra.

The posterior urethra must not be irrigated ; its treatment is best effected by syringe. Gonococcus vaccine is useless or worse. A full account is given of the methods of identifying the gonococcus by microscope and culture, and the value of the complement fixation test is emphasised. As a new clinical entity, the author records gonococcosis d'emblée—which is gonococcal infection of the prostate gland without precedent urethritis ; and in the discovery of the "carrier," obviously the complement fixation test is an indispensable step. A proper insistence on, and a clear account of, the systematic examination of a suspect before cure should be pronounced is given, and the necessity of such an examination before marriage of all those who have had a urethritis, is stressed. Dr. Storer's statements are unambiguous and direct ; and if to such a venereologist as may prefer the persuasion of evidence offered and cross-examined by controls some of the statements appear pontifical, they may yet be found to have the interest and provocation of *obiter dicta* based on a personal experience of, and an enthusiasm for, a subject of serious import ; and for the exposition of that subject Dr. Storer has had the ideal qualifying experience of a worker in both clinic and pathological laboratory.

H. M. H.